


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use 	1. FILE NUMBER 508 174 5 0 8 - 1 7 4	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
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IMPORTANT

Peel off the address label from the back of the package and place it here.

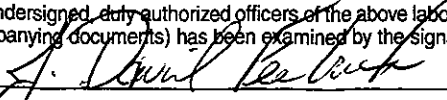
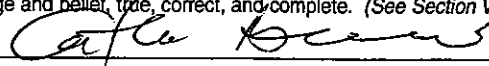
If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

4. AFFILIATION OR ORGANIZATION NAME RESTAURANT EMPLOYEES AFL-CIO 69		8. MAILING ADDRESS (Type or print in capital letters.) First Name J D A V I D Last Name F E E B A C K P.O. Box • Building and Room Number (if any) 6 T H F L O O R Number and Street 1 H A R M O N P L A Z A City S E C A U C U S State ZIP Code + 4 N J 0 7 0 9 4 —	
5. DESIGNATION (Local, Lodge, etc.) LOCAL	6. DESIGNATION NUMBER 69		
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes X No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	LOCAL 4-69 PENSION FUND EIN # 22-3375191 LOCAL 4-69 WELFARE FUND EIN # 22-1549084 SCHEDULE 9, COLUMN F INCLUDES EXPENSES FOR AUTO WHICH WAS ALSO USED PART OF THE TIME FOR PERSONAL BUSINESS

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  03/30/01 (801) 330-1222 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  03/30/01 (201) 330-1222 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3 5 0 0
19. What is the date of your organization's next regular election of officers?
MO YEAR
0 6 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 25.50,33.00 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 50,100
(c) Transfer Fees	\$.25 TRVL CARDS
(d) Work Permits	\$ N/A per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? X
24. Did your organization have any contingent liabilities at the end of the reporting period? X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 0 8 1 7 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash	1	1 1 0 9 6	6 8 9 9 6
	26. Accounts Receivable		1 2 3 0 0 0	8 7 0 0 0
	27. Loans Receivable			
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	7 4 5 3	0
	31. Other Assets	3	2 1 9 7 6 5	5 1 7 3
	32. TOTAL ASSETS		3 6 1 3 1 4	1 6 1 1 6 9
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable	8		
	34. Loans Payable			
	35. Mortgages Payable			
	36. Other Liabilities		4	1 0 4 4 1 4
	37. TOTAL LIABILITIES		1 0 4 4 1 4	3 5 7 0 4
38. NET ASSETS (Item 32 less Item 37)		2 5 6 9 0 0	1 2 5 4 6 5	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 8 — 1 7 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 0 1 1 7 8 2	56. To Officers	9		1 5 6 7 6 1
40. Per Capita Tax				57. To Employees	10		2 0 2 5 5 6
41. Fees			1 0 9 2 9	58. Per Capita Tax			4 6 9 2 1 6
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		2 6 9 7 1 7
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			1 4 4 6 9 3
46. Interest			9 0 0 2	63. Benefits	11		1 2 8 5 4 5
47. Dividends				64. Contributions, Gifts & Grants	12		1 0 6 2 5
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6		2 1 4 5 9 2	66. Direct Taxes			4 8 2 9 6
50. Loans Obtained	8			67. Withholding Taxes			1 5 5 7 8 2
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		6 4 5 8 8 9	71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		2 4 8 1 0 3
55. TOTAL RECEIPTS			1 8 9 2 1 9 4	74. TOTAL DISBURSEMENTS			1 8 3 4 2 9 4

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 5 0 8 — 1 7 9

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ↑ Item 27 ↑ Item 69 ↑ Item 51 ↑ Item 75 ↑ Item 27 <div style="display: flex; justify-content: space-between; width: 100%;"> Column (A) with Explanation Column (B) </div>					

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in _____ Item 29, Column (B)	

FILE NUMBER: 5 0 8 — 1 7 9

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. SECURITY DEPOSITS	4,455
2. STAFF BENEFIT FUND PENSION	718
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	5 1 7 3
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES & ACCRUED EXPENSES	84,000
2. ACCRUED PAYROLL TAXES	-48,296
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 5 7 0 4
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 0 8 - 1 7 9

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	65,125	65,125	0	
7. Other Fixed Assets	132,662	132,662	0	
8. Totals of Lines 1 through 7	197,787	197,787	0	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)


SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. STAFF BENEFIT FUND ANNUITY	203,248	203,248	203,248	203,248
2. STAFF BENEFIT FUND PENSION	11,344	11,344	11,344	11,344
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	214,592	214,592	214,592	214,592
			7. Less Reinvestments	
			8. Net Sales 2 1 4 5 9 2	






Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 8 — 1 7 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in  Item 34  Item 50  Item 70  Item 75  Item 34					
Column (C)			with Explanation		Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 8 — 1 7 9

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. F E E B A C K J D A V I D Title P R E S I D E N T Status C		1 0 0 7 5 3	8 7 0 0	1 4 9 9 1		1 2 4 4 4 4
2. B L A N C O A L F R E D O Title S E C R E T R E A S Status C		6 4 0 2 9	8 7 0 0	9 8 0 1		8 2 5 3 0
3. R U V E L A S G U S Title V I C E P R E S I D E N T Status C				9 4 5		9 4 5
4. A L F A N O T H E R E S A Title R E C S E C R E T A R Y Status C				5 4 0		5 4 0
5. B L A C K F O R D E L I Z A B E Title E X E C U T I V E B O A R D Status P				0		
6. M A R T I N E Z E U P H R O S Title E X E C U T I V E B O A R D Status C				1 8 0		1 8 0
7. P E T W A Y Y V E T T E Title E X E C U T I V E B O A R D Status C				5 4 0		5 4 0
8. Totals from additional pages (if any)				1,215		1,215
9. Totals of Lines 1 through 8		164,782	17,400	28,212	0	210,394
10. Less Deductions				5 3 6 3 3		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 1 5 6 7 6 1		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)


SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 8 — 1 7 9


(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: A R A U Z First Name: I R A S E M A Position: C L E R K Name of Affiliated Organization: N / A	1 0 7 8 9				1 0 7 8 9
2. Last Name: C O L O N N A First Name: M A R Y Position: C L E R K Name of Affiliated Organization: N / A	1 0 5 9 8				1 0 5 9 8
3. Last Name: C R U Z First Name: A L I C E A N Position: O F F I C E M A N A G E R Name of Affiliated Organization: N / A	4 8 0 0 0				4 8 0 0 0
4. Last Name: M O L I N A First Name: R I C A R D O Position: B U S I N E S S A G E N T Name of Affiliated Organization: N / A	4 5 3 0 6		3 7 7 1		4 9 0 7 7
5. Last Name: R O D R I G U E Z First Name: C A R M E N Position: C L E R K Name of Affiliated Organization: N / A	3 0 3 1 4				3 0 3 1 4
6. Totals from additional pages <i>(if any)</i>	105,030	7,950	9,213		122,193
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	250,037	7,950	12,984		270,971
9. Less Deductions			6 8 4 1 5		
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 2 0 2 5 5 6		

SCHEDULE 11 — BENEFITS


FILE NUMBER: 5 0 8 — 1 7 9

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH BENEFITS	BLUE CROSS & BLUE SHEILD	85,606
2. LIFE INSURANCE & DISABILITY	FT DEARBORN, CAPTIAL AMERICAN	6,402
3. HEALTH BENEFITS	LOCAL 4-69 WELFARE FUND	17,076
4. PENSION BENEFITS	LOCAL 4-69 PENSION FUND	19,461
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 2 8 5 4 5
Enter the Total from Line 6  Item 63		


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DONATIONS	10,625
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 0 6 2 5
Enter the Total from Line 8 in  Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT & ELECTRIC	78,760
2. DATA PROCESSING	42,263
3. TELEPHONE	44,229
4. POSTAGE	22,615
5. STATIONERY & SUPPLIES	3,050
6. GERNERAL INSURANCE	15,516
7. Total from additional pages (if any)	63,284
8. Total of Lines 1 through 7	2 6 9 7 1 7
Enter the Total from Line 8 in  Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1 REIMBURSED EXPENSES - PENSION FUND	69,752
2 REIMBURSED EXPENSES - WELFARE FUND	576,137
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 4 5 8 8 9
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1 THIRD PARTY AUTO	2,668
2 SEVERENCE EXPENSES	215,922
3 DUES REFUNDS	1,727
4 LOST TIME	9,475
5 CONTRACT NEGOTIATIONS	4,262
6 ORGANIZATIONAL	14,049
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 4 8 1 0 3
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
RESTAURANT EMPLOYEES AFL CIO 69
 ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 5 0 8 - 1 7 9

PAGE 4 OF 3 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name R O B I N S O N First Name R I C H A R D Title E X E C U T I V E B O A R D Status C				4 9 5		4 9 5
Last Name T A U R O First Name F R A N K Title E X E C U T I V E B O A R D Status C				4 9 5		4 9 5
Last Name Z A K I First Name A L A A Title E X E C U T I V E B O A R D Status N				2 2 5		2 2 5
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Totals				1 2 1 5		1 2 1 5

ORGANIZATION NAME:

FILE NUMBER: -

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						

ORGANIZATION NAME:
RESTAURANT EMPLOYEES AFL-CIO 69

ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 5 0 8 - 1 7 9

PAGE 2 OF 3 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<div><div>Last NameFirst Name</div><div>S C H O E N D O R F J O S E P H</div><div>PositionB U S I N E S S A G E N T</div><div>Name of Affiliated OrganizationN / A</div></div>	9 7 3 6 7	7 9 5 0	9 2 1 3		1 1 4 5 3 0
<div><div>Last NameFirst Name</div><div>E M P L E S S 1 0 0 0 0</div><div>Position</div><div>Name of Affiliated OrganizationN / A</div></div>	7 6 6 3				7 6 6 3
<div><div>Last NameFirst Name</div><div></div><div>Position</div><div>Name of Affiliated Organization</div></div>					
<div><div>Last NameFirst Name</div><div></div><div>Position</div><div>Name of Affiliated Organization</div></div>					
<div><div>Last NameFirst Name</div><div></div><div>Position</div><div>Name of Affiliated Organization</div></div>					
<div><div>Last NameFirst Name</div><div></div><div>Position</div><div>Name of Affiliated Organization</div></div>					
Totals	1 0 5 0 3 0	7 9 5 0	9 2 1 3		1 2 2 1 9 3

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
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<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

Continuation of LM-2 Labor Organization Annual Report

RESTAURANT EMPLOYEES AFL-CIO 69
Affiliation or Organization Name

5 0 8 1 7 9
File Number

LOCAL 69
Designation/Number

Page 3 of 3

12/31/2000
Ending Period

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
OFFICE EXPENSES	25,622
FLOWERS / MEMORIALS	1,424
BANK CHARGES	897
PAYROLL SERVICES	1,902
MEETING EXPENSES	22,975
CONVENTION EXPENSES	2,118
PURCHASE OF OFFICE EQUIP.	8,161
SUNDRY	185

